PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)

ARMANN KURTS

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

RA

297-78-8350

27 DEC 74

| DATE Case | 1.04-CV-00 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sigh Saufi Entry) |  |  |  |  |  |  |  |
|-----------|---|--|--|--|--|--|--|--|
|           | Mental Status Exam: Appearance: TIRED, CLEAN  |  |  |  |  |  |  |  |
|           | Cooperative: YES Alert: VES Oriented: X3 Mood: DEPRESSED (MILD                      |  |  |  |  |  |  |  |
|           | Affect: Range- Fill Appropriate to Situation- YES                                   |  |  |  |  |  |  |  |
|           | Suicidal/Homicidal Ideation: NO Plan- NO Intent- NO                                 |  |  |  |  |  |  |  |
|           | Thought Disorder: WNL Judgment: Coco Insight: Good                                  |  |  |  |  |  |  |  |
|           | Speech: WL  |  |  |  |  |  |  |  |
|           | Neurovegetative Symptoms:   |  |  |  |  |  |  |  |
|           | Sleep: V Energy: GOOD Interest: GOOD  |  |  |  |  |  |  |  |
|           | Concentration: Good Appetite: V Guilt: 1  |  |  |  |  |  |  |  |
|           | Diagnostic Impression (DSM IV):   |  |  |  |  |  |  |  |
|           | Axis I: ADUT ANTI-SOCIAL BEHAVIOR   |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |
|           | Axis III: DEFERRED  Axis III: 10.0004105 HEADACHTS                                  |  |  |  |  |  |  |  |
|           | Axis IV: ADJUSTMENT TO CONFINEMENT  |  |  |  |  |  |  |  |
|           | Axis V: GAF 63 (CUPPENT)  |  |  |  |  |  |  |  |
|           | Treatment Plan / Disposition: THIS DETAINEE WILL NEED                               |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |
| :         | SHIFTS IN MOOD. THIS COULD PRESENT A  |  |  |  |  |  |  |  |
| 1         |   |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |
|           | MOLENT OUTBURSTS. SEE PETAINES EVERY 5-7 DAYS.                                      |  |  |  |  |  |  |  |
|           | 00101   |  |  |  |  |  |  |  |
|           | JOHN G. SANCHEZ, LISW SPC. USA CPT MS   |  |  |  |  |  |  |  |
|           | SPC, USA CPT MS  Mental Health Specialist Chief, Correctional Treatment Branch      |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |
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| NSN 7540-00-634-41 Cas        | se 1:04  | -cv-00118-                           | SJM-SPB      | Document                                       | 37-15 F     | iled 12/29/20        | )05 Page          | 3 of 3        |  |
|-------------------------------|--|--------------------------------------|--------------|--|-------------|----------------------|-------------------|---------------|--|
| HEALTH RECORD                 |  | CHRONOLOGICAL RECORD OF MEDICAL CARE |              |  |             |                      |                   |               |  |
| DATE                          |  | SYMPT                                | OMS, DIAGI   | NOSIS, TREATME                                 | NT TREATIN  | NG ORGANIZAT         | ION (Sign each e  | ntry)         |  |
|                               | MED  | DICATIONS                            | 5;           |  |             |                      |                   |               |  |
|                               |  |                                      |              | RBITUATE                                       | 1100-2      | 200 ME               | AS RERILL         | CED           |  |
|                               | $ \varepsilon $  | LAVIL                                | - ANT        | 7-DEPRESSANT                                   | T/75-15     | 50 ME DAIL           | <u> </u>          |               |  |
| <i>e</i> \                    | Con  | MPAZINE                              | - TRAN       | QUIUZER  | 1 5-10      | MG 3-6               | 4 80 30           |               |  |
| (CONT) 16 OCT 92              | ) L  | EMARRI                               | ED. 1        | te str   | MED         | HE LI                | JED V             | N BOTH        |  |
|                               | 1  |                                      |              |  |             |                      |                   | ajoon o       |  |
|                               | FIG  | HT P                                 | GREA         | T DEAL   | WTY .       | 1415                 | OLDER             | S1STER        |  |
| <u>in</u>                     |  |                                      |              |  |             |                      |                   | SMT 0         |  |
|                               | Cary   | TROLLI                               | 08 h         | HS TEN   | IRER        | ANO, S               | AN HY             | 3VE           |  |
|                               | 1110   | LENT                                 | 700          | BURSIS.  | <del></del> | HA ELCARIS           | on                |               |  |
|                               | AND THE PERSON AND TH |                                      |              |  | SPA         | C, USA<br>NTAL HEALT | H SPECIALIS       | T             |  |
| 1330<br>16 OCT 98             | DE   | JAINEE                               | (~) N5       | , Faunc  | ) (N        | HIS CE               | u BY              | A GAVA        |  |
|                               | AN   | O DET                                | PINEE        | WAS  | CRYING      | UNCON                | TROCLABO          | <u> </u>      |  |
|                               | -  | 21000                                | 100          | IAM AND  | 10 BET O    | 2010                 | REDDET            | FD THER       |  |
|                               | ime  | 13TAIOS                              | 1. K         | FOUND  | CO MA       | TE CR                | YING              | 1N 1415       |  |
|                               | CEL  | c. HE                                | STAP         | FO THE   | IT HE       | , <u>" Jus</u>       | T DOESA           | UT KNOW       |  |
|                               | IF   | ife (                                | AN "         | TAKE IT  | HERE        | ." He                | STATE             | TAAT          |  |
|                               | HE   | DID                                  | NOT          | TUAW   | _70_        | KUL H                | MSELF             | DNO           |  |
|                               | HE.  | HAD                                  | No           | PLAN   | OR 1        | TUSTU                | METAIN            | QUAL 39       |  |
|                               | W-15   | SELF                                 | TALKE        | D FOR  | ABOC        | NT 30                | MIN               | , AND 1       |  |
|                               | HA   | D HIM                                | . 5161       | " A U  | CONTRAC     | T FOR                | UFE"              | SEE PECCE     |  |
|                               | 027  | 33/11A                               | STATE        | O THAY   | JHE 7       | WAS                  | FELLIN            | of much       |  |
|                               |  | TER.                                 | ***          |  |             | JOHN                 | CANISO            | N             |  |
| Patient's identifi<br>mp/int) | CATION   | (Use this space fo                   | r Mechanical | RECORDS<br>MAINTAINED<br>AT:<br>PATIENT'S NAME | · •         | SPC,                 | USA<br>IAL HEALTH | SPECIALIST    |  |
|                               |  |                                      |              | ARMANN   | , KUR       |                      | S                 | RANK/GRADE    |  |
|                               |  |                                      | ·<br>1       | SPONSOR'S NAME                                 |             |                      | VFINED ORGANIZ    | ATION         |  |
|                               |  |                                      | <u>.</u>     | DEPART./SERVIC                                 |             | ICATION NO           |                   | DATE OF SIETH |  |
|                               |  | ,                                    |              | PA-  |             | - 78-83              | 35 O              | 27 DEC 74     |  |